

Section of Otology

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Cerebellar Abscess Secondary to Thrombo-phlebitis of the Bulb of the Jugular Vein.

By Sir JAMES DUNDAS-GRANT, K.B.E., M.D.

THE details of this case, in regard to the diagnosis and treatment of the thrombo-phlebitis of the jugular bulb, were published in the *Journal of Laryngology* (March, 1906).

The patient, aged 27 at the time of the operation, served in the late war and was wounded in the upper part of the right arm, so that the past pointing tests are not practicable.

Large Temporo-sphenoidal Abscess following Injury: no Localizing Signs except Homolateral Papilloedema.

By E. BROUGHTON BARNES, F.R.C.S.Ed.

V. W., MALE, aged 12. Seven years ago radical operation on the right mastoid in Italy.

June 5, 1926.—Knocked down by a car. Admitted to hospital suffering from concussion. Detained eight days. Discharged as well.

Mother reported that on the thirteenth or fourteenth day after the injury he vomited and had rigors several times.

First seen by exhibitor on the fifteenth day after the injury. Pulse 46. Temperature 96.6° F. Did not look ill. Complained of severe frontal headache at times. Very drowsy. There was a wound about 2 in. long, vertical, immediately in front of the right pinna. It appeared to be quite superficial and was slightly inflamed. Unsatisfactory radical cavity (right) with a considerable amount of foul discharge appearing to come from the roof of the mastoid part of the cavity. Chronic suppurative otitis media with very foul scanty discharge (left).

Very slight papilloedema of the right disc. Grips equal. All reflexes normal. Mentality slow.

Operation same night. Mastoid scar excised. Incision carried forward above the pinna. A pus-filled cavity with smooth walls about the size and shape of a robin's egg formed the roof of the radical cavity and extended into root of the zygoma. A fracture extended from the mastoid cavity through this abscess, forward and upward, into the squamous part of the temporal bone. There was about 2 drm. of extradural pus beneath the root of the zygoma. A detached spicule of bone had not penetrated the dura mater.

The radical cavity was cleaned out, and many unopened infected cells were removed posteriorly and towards the tip. The root of the zygoma and the large abscess cavity were removed, and an area of unhealthy dura was exposed as far forward as the anterior wall of the meatus. The temporo-sphenoidal lobe was explored forward and a large quantity, estimated at about 2 oz., of thick, yellow pus, was evacuated. The cavity appeared to occupy the whole of the front of the temporo-sphenoidal lobe. Drainage through rubber tube stitched to the dura.